CLAIMS ONLY

Application Number	Filing Date
10/683545	

Applicant(s)

11-19-04

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			I				51					
2				I			52					
3			X	X			53					
4			X	X			54					
5				I			55					
6				I			56					
7				I			57					
8				I			58					
9			X	X			59					
10			X	X			60					
11			X	X			61					
12			X	X			62					
13			X	X			63					
14			I				64					
15			X	X			65					
16			X	X			66					
17				I			67					
18				I			68					
19			=	=			69					
20			I				70					
21				I			71					
22				I			72					
23				I			73					
24				I			74					
25				I			75					
26			I				76					
27				I			77					
28				I			78					
29				I			79					
30				I			80					
31				I			81					
32				I			82					
33				I			83					
34				I			84					
35				I			85					
36				I			86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep			4				Total Indep					
Total Depend			22				Total Depend					
Total Claims			26				Total Claims					

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